

ORIGINAL ARTICLE

Keeping the child in mind in multi-professional working: Valuing the viewpoints of children and their parents

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Abstract

This survey-based research explores data from a diverse range of 54 professionals involved in collaborative team working to support children with specific needs. The survey investigated the individual's perception of their own role, and the interactions within the team. The survey collected some quantitative data, such as age and length of time in role, to explore correlations, but it also asked open-ended questions, providing a wealth of qualitative data. While we have focused on relationship dynamics between professionals in previous work, in this article we revisit the data with a specific focus on the positionality and voice of the child and their parents within multi-professional teams. In doing so we find that professionals frequently forget that the child themselves is entitled to a say in the decisions made about them and that the concept of the parent as an expert on their own child is rarely recognised in practice. There is also evidence that the challenging emotions that many parents struggle with during multi-professional working can easily be misread as reluctance or disinterest. All of these findings highlight a need for professionals to take a far more reflective approach to their collaborative work with colleagues, families and children.

KEYWORDS

child voice, emotion, hierarchy, listening, multi-professional, parent partnership

Key points

- It is well-established within research literature that a child's development is optimally supported by parents and practitioners working collaboratively.
- Our data suggest that within multi-agency working around the child with specific needs, the knowledge of parents can frequently be overlooked; or parents can be treated as objects of pity, rather than agentic partners in their child's development.
- Despite international acceptance of the child's right to a voice in decisions made concerning them, our data suggest that this is the exception rather than the rule within multi-agency working.
- Our data indicate a need for professionals to receive more guidance concerning multi-professional working in their initial training, and that this should include the value of reflection upon actions and interactions.

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INTRODUCTION

This article investigates data collected through an anonymous survey of a diverse sample of 54 professionals involved in supporting the education, health and well-being of children from birth to 18 years of age. The data were collected in 2021. In our role as university lecturers, with specialisms in early years education and special educational needs, multi-professional working is a core element of our teaching. Although based at different universities in England, we had both heard phrases such as ‘we are just early years practitioners, so no-one listens to us’ many times from our student practitioners when they referred to interdisciplinary working. As a result, we both developed a particular interest in the dynamics of multi-professional teams (MPTs), and how those dynamics impacted on the confidence of the individuals involved.

The anonymous survey that we developed to explore this was sent out through our own professional contacts and social media channels. Our primary focus was on UK welfare support systems, although the pervasiveness of social media resulted in two international responses finding their way into our data. Soon after the data collection in 2021, we published an article specifically focusing on the perceived drivers of and barriers to multi-professional working (MPW) (Solvason & Winwood, 2022); in this article we switch our data focus to how the professional perceives the status of the child and the family within the MPT.

We previously discussed that although the literature frequently cites structural systems as key barriers within MPW (for example, in Close, 2012; Drew & Gonzalez, 2021; Simón et al., 2021), our own respondents ascribed the success or failure of the MPT as almost entirely dependent on *interpersonal relationships* (Solvason & Winwood, 2022). Although the value of relationships within MPW has been touched upon by the likes of Howarth and Morrison (2007) and Drew and Gonzalez (2021), the literature in this area remains relatively sparse. Similarly, although research demonstrates just how vital a role parents play in supporting the well-being of the child and their opportunities to achieve (Solvason et al., 2020), it is clear from our data that as a range of professionals become involved in the complexity of a MPT, the focus on the child, and the willingness to listen to the parent, can easily be lost. As educationalists with the relevance of this research to our colleagues and students in mind, we largely take a schools' perspective in our discussions exploring working with children and their parents. However, although schools are often the context for MPW, our respondents come from a range of contexts, including charities, social work, further education, behavioural support, speech and language support and mental health services.

LITERATURE REVIEW

A group of professionals with varied skill sets working together can take many forms and might be described using terms such as inter-professional, multi-professional, inter-disciplinary, inter-agency and multi-agency (Sellman & Snelling, 2010). Our respondents themselves described MPW in many different ways. As this discussion is not exploring semantics, we have chosen to use the term ‘multi-professional’ throughout for ease of reference, to describe a group of variously qualified professionals coming together with a shared objective. In this literature review, although we do contextualise the discussion within MPW, we predominantly focus on the role of the parent and family within that context. Throughout the discussion that follows, ‘parent’ is used to refer to the adult in the primary care position for the child; this does not only refer to the biological parent, but may be a role taken on, for example, by a kinship carer, a foster carer or a step-parent.

There is no I in team

It was during the 1980s and the 1990s in England that both Conservative and Labour Governments highlighted the many failings in the practices of, and communication between, social services (including health, education and social care). The fault-lines present in these support systems reached crisis point with the media frenzy resulting from the death of Victoria Climbié, a young girl left to die in circumstances of astonishingly callous neglect and abuse, despite social services involvement at various points in her short life (reviewed in Laming, 2003). When the New Labour Government came to power in England in 1997, they emphasised the need for a more interrelated offer of support services, and called for a more joined-up approach to supporting families in need (Anning et al., 2010). This idea culminated in the publication of *Every child matters* (DfES, 2003), a policy that required the professions that had previously worked in silos, such as education, health and social work, to take a more collaborative approach, with each sharing joint responsibility in working toward shared goals for the child. Thus, the notion of the ‘team around the child’ (Limbrick-Spencer, 2001) was recognised as key.

Although the intentions of this development were sound, this did not provide a ‘solution’ to the problem of poor communication between different services, and tragic results persisted, with still more child deaths from neglect or abuse occurring (for example, Coventry Safeguarding Children Board, 2013; Haringey Safeguarding Children Board, 2009; Plymouth Safeguarding Children Board, 2010). Hogston and Marjoram (2007) emphasise that beyond simply working in parallel toward an objective, successful MPW involves

people altering what they do to fit around the skill sets of others; it requires compromise. It demands the interpersonal skills of listening to and valuing opposing viewpoints, ‘rather than just waiting to talk’ (Solvason & Winwood, 2022, p. 119). However, while assessment of a child’s needs *should* be a ‘community endeavour’ (Hayward, 2013), with parent, specialist and child each supplying vital pieces of the puzzle, some experts struggle when they find themselves in a position where they are no longer the lone problem-solver, and where their viewpoint has the potential to lose its gravitas (Drew & Gonzalez, 2021, pp. 178–179).

Parents hold the knowledge

The work of Vygotsky (1978) was seminal in recognising parents as *the child’s first educator*, and although this is a view that now underpins much of education policy in the UK, the struggle with this filtering through from policy to school practice remains (Goodall, 2018). In the UK, the *good parent*, in educational terms, is a passive parent who obediently follows instructions (Solvason et al., 2019). Hornby and Lafaele’s (2011, p. 8) description of ‘parental involvement’ as a “‘one-way’ flow of information disseminated from school to home’ still reflects common practice.

Despite parent partnership rhetoric within children’s education and care, research demonstrates that many schools remain more comfortable keeping parents at arm’s length. In studies by Anastasiou and Pappagianni (2020) and Povey et al. (2016), researching in Greece and Australia respectively, the authors found that although parents wanted to be more involved in decision making, teachers were reluctant for them to be given the power to influence educational issues. Warren et al. (2009) explored teachers’ fear of sharing their power with parents, and a teacher in Barker and Harris’s (2020, p. 96) research relayed a very candid reason for this, explaining: ‘You get too much parental engagement which then means they can become a nuisance because they are telling you how to do your job’. Despite the positive rhetoric found in policy, in many cases parents continue to be treated as a problem to be kept at the school gates (Baquedano-Lopez et al., 2013) rather than an ally.

Andreasson et al. (2013, p. 421) discussed the particular importance of partnership with parents during any type of needs assessment for the child, stressing that ‘the involvement of the families in the assessment process is essential, understanding them as experts in their children and as co-managers of the educational process’. Yet despite the range of literature produced over the years that followed, highlighting how valuable the knowledge that parents hold about their child is, research persistently indicates an impasse in the way that this concept of involvement, or partnership, is transferred to, or perhaps received by, schools (de Oliveira Lima & Kuusisto, 2019).

‘Reluctant’ parents

When it comes to parents’ interaction with schools, as portrayed by the literature, it would seem that they are ‘damned if they do and damned if they don’t’; a lack of presence at the school is seen as disinterest and too much presence is seen as interference (Solvason & Cliffe, 2023). Cyr et al. (2022, p. 11) pose the question of what, exactly, it is that schools want from parents, and highlight the deficit approach that is often taken to the topic. Day (2013) stressed that it is only possible to develop a positive dialogue with parents when they feel valued, yet this appreciation of parents is something that remains scarce in research. On the contrary, there can be a tendency to ‘pass the buck’ to parents for in-child issues, taking the problem out of the professionals’ hands and away from deterministic school factors, preventing any reflection upon these (Simón et al., 2021). This is evident in Jones’s (2022, p. 94) research, in which a teacher referring to the behavioural issues arising with children from more disadvantaged families, said: ‘you see where it comes from ... where parents don’t support the school’.

Cyr et al. (2022) discuss the barriers that exist that can prevent parents from attempting to engage with educators, including intellectual or physical capacity and understanding, physical access (factors including travel, care commitments and working hours), power and prejudice. Marshall et al. (2017) add the specific needs of immigrant families to this list, ‘including language, culture, and perceptions of providers impacting agency and trust’, and Marshall et al. (2020) discuss negative past experiences, socio-economic status, mental health issues and stigma, among many other factors. A multitude of barriers can prevent the views of parents from being heard. Although theorists such as Wilson (2018, p. 8) remind us that the twenty-first-century reality of family is far more complex than it once was, much of educators’ interaction with parents in the Western world *still* remains based on the ‘white, middle-class norms of child rearing’ (MacNaughton, 2003, p. 261) established in the mid-twentieth century.

It is likely that when parents reach the point of dealing with a MPT to negotiate support for their child, they will be dealing with a whole realm of emotions. These might include shame, sadness and loss (Orphan, 2004, p. 103). Truss (2008) describes ‘an emotional burden [which] verges on the intolerable’ (p. 375) in her own experience as a mother of a child with complex needs, and describes a ‘discourse of fighting’ (p. 372) for support for her child. Specialist teachers in Solvason and Proctor’s (2021) research explained how ‘parents ... arrive at the setting “incredibly stressed” by the frustration of their child’s needs not being met and having to repeatedly “read about all the awful things their child does, or can’t do”’. Such parents are in a position of vulnerability and as such it becomes vital that educators and other professionals consider the expectations that they convey, and

the emotional dynamics of these contexts, before casting aspersions upon parents' involvement, or lack of it.

METHODOLOGY

As already mentioned, this research was prompted by the authors' shared experience of working with early years practitioners in UK universities, who regularly referred to their own lack of status when working with wider professional teams. Our aim, therefore, was to investigate the impact of factors such as professional role, age and years of experience upon an individual's confidence when working within a MPT. It was also important to us that we included open-ended questions with the aim of gaining a deeper understanding of individuals' experiences within a social group (Bryman, 2016). These included questions such as: *'Can you think of a team when you were in a MPT that worked particularly well? If yes, what made it so effective?'* We were particularly interested in the picture of MPW 'from the point of view of those who live it' (Schwandt, 1998, p. 221). Our aim was to widen our understanding of professionals' experience through the sharing of our respondents' experience of 'intersubjective social facts' (Struett, 2017, p. 80).

Because of the ranging nature of the topic across professional sectors we chose to use an anonymous survey (developed through JISC and sent out electronically through our professional channels), in order to reach as broad a range of professionals as possible. We gained ethical clearance through our university and made sure that the information sheet which accompanied the survey clearly laid out issues of participation and withdrawal, anonymity, and uses of the data, in line with the British Educational Research Association ethical guidelines (BERA, 2018). The electronic call for responses was posted with the instruction that it be passed on to any colleagues that had experience of working within MPTs for the well-being of a child. Although most of our respondents were based in education settings, we also had over 20 other, diverse professions represented in our sample, ranging from doulas to social workers to psychologists. We also had over 20 varied working contexts represented, including mental health charities, schools, nurseries, community health workers and employees of the UK's National Health Service.

We received 54 responses in all. Reflecting the general demographics of education and care, 85% of the sample were female, and over half of the sample were aged 50 and over. Although ours was a relatively small sample, it did provide some valuable insights into the dynamics of MPW. For example, the quantitative data provided us with the unexpected finding that confidence within MPW was *not* related to job role, age or years of experience as we had supposed. This finding, and the importance of the personal in professional relationships, has been discussed in our previous publication (Solvason

& Winwood, 2022). The discussion that follows here is situated within the qualitative data collected (although the number of times mentioned is sometimes indicated as significant), and therefore it was approached thematically, with a particular focus on descriptors which demonstrated the position of the parent and child within the MPT and attitudes toward this.

The data collected were first considered and reflected upon independently by the researchers, who then came together to reach consensus on which themes should be taken forward for continued analysis. We acknowledge that there is no one reading of qualitative data and that each researcher will bring their own situated experiences and understandings to the data (Frosh & Baraitser, 2008); therefore data reduction grids were used to help us to manipulate the large volume of data received. By collating all comments made relating to an identified theme within a grid, we could reconsider its significance by identifying the number and richness of the comments made related to it, in comparison with other themes. Finally, we decided which key concepts should be developed into a structured argument (Wellington, 2015). Those concepts are as follows:

- the parent and child at the lowest rung of the MPT hierarchy;
- parents as partners, problems, or to be pitied
- the absence of the child's voice within discussions.

In the data analysis section that follows, we have numbered the responses so that the spread across respondents is visible, and we have referred to the profession of the respondent where available. In this section we have also formatted survey responses in italics to make them readily discernible as the respondents' words.

DATA ANALYSIS

The parent and child at the lowest rung of the MPT hierarchy

The data make it clear that a focus on the child and the family was frequently blurred by the egos of the professionals involved. Some respondents used language that verged on confrontational, as they described MPW situations that were more focused on battling for professional domination than what was best for the family. For example, a charity worker cynically described the impact of professional hierarchies where *'professionals requiring a qualification (e.g. social work/health) will use this to push their opinion and don't always take into account the view of other professionals who may have a better knowledge of the family'* (25). Some comments suggested that knowledge takes second place to egotistical dominance, and one speech and language therapist pointed out how dangerous such an approach can be, that it can *'create*

many issues, and most awfully, impact both the provision the child receives and the mental health of them and their families' (51).

Professional hierarchies were mentioned by over one-third of our respondents as a primary barrier to successful MPW. Those in clinical roles, including paediatricians and educational psychologists, were singled out and often identified as the gatekeepers to funding. This meant that others were obligated to be guided by them, even in situations where their knowledge of the child and family's specific needs was relatively limited. A speech and language therapist gave an example of this when they reflected upon their work with a particular doctor:

Probably a lack of working together, a lack of understanding of my role, but also, knowing this paediatrician by reputation and some brief 'working together' experiences, an arrogance that he knows best, that he's in charge, and I'm just there to comment on the child's speech. (9)

Similar experiences were shared by teachers, nursery staff and support workers, suggesting that some members of MPTs display arrogance regarding their professional knowledge and standing, presuming that they know what is best, regardless of their (often relatively low) level of involvement with the child and family. A lecturer mused on the root of the unreflective thinking sometimes demonstrated by those with a more clinical background, concluding: *'they are trained to be decision makers and are tied to the "medical model" of thinking about a situation, whereas the ideas I have are usually contextual and about the system rather than "within child" (14).*

The significant concern that this hierarchy of qualifications raises is that if the voice of 'lesser' professionals become dismissed within MPW, then what of the voices of the child and family? The data indicate that for some within MPTs, and particularly those with heavy case-loads, the priority becomes expedient outcomes rather than a genuine engagement with the child and the family. As one early childhood psychologist put it, there were often *'too many people involved'* without *'knowing the young person and parents'* (12). When a SENCo described MPW as *'Respect and understanding of the value that all professionals can bring'* (47), parents were conspicuous in their absence.

In contrast to these views, some respondents did specifically identify their responsibility as being to value parent partnership and support the goals of the parent. For example, one SENCo recognised her role as working with *others 'to achieve the priority goal of the parents for their child'* (51) and an early years manager stated: *'My role is to work with the child and their family and to engage with the wider support available to ensure they get*

the best outcome possible for them' (32). Sometimes this involved challenging others' professional presumptions. One training lead made it clear that others' qualifications would not deter them from gaining what they believed was best for the child:

The barriers come up when a scholar in special education or other disciplines that relate to disability brings up issues from his/her educational point of view which contradict our physical experience in the field, I will always bring it to their notice that this is what the reality is on [the] ground ... the gap between educational theories and postulations and the actual realities on the ground. (36)

Similarly, a SENCo reported: *'I feel at times I have a role surrounding advocacy for the child, decisions are often too quickly made to meet agendas, if I feel the family or the child would not benefit from this, I do challenge'* (8). It is a sad indictment of MPW that advocating for the needs of the child is presented as an anomaly, and not a consistent position adopted by all involved.

Parents as partners, problems, or to be pitied

It was clear that in some cases parents were viewed as part of the problem, rather than a key player in resolving it. Within the data parents were criticised in various ways, from showing a *'Lack of commitment'* (teaching assistant, 2) to attend meetings, to being *'resistant to support'* (secondary school support coordinator, 4) or *'reluctant[t] to accept help'* (role not stated, 11). In none of these situations were the barriers faced by parents mentioned; whether the physical barriers of transport, childcare or work responsibilities, or the emotional burden of feeling like an incompetent parent. There was no acknowledgement that parents might struggle with the gravitas of the MPT situation; instead, one psychologist criticised how, in her experience of MPW, *'If parents do not comply they are "told off" and made to do what is required of them'* (6). Rather than parents being viewed by the MPT as the key to their child's success, they are sometimes seen as the locked door. An early years lead in a local authority with over 15 years of MPW experience noted that *'at times there is a very done to attitude, for the families and child'* (27).

Although one psychologist stressed that MPTs should have *'No hierarchy'* and be *'Parent led'* (6), the overriding attitudes demonstrated toward parents when they were considered within the data were pity and sympathy. Parents were viewed as *'overwhelmed'* (8), having *'issues'* (7), and needing practice modelled for them (40); in addition, they were grouped together with *'less experienced staff'* (22) when referring to the barriers that terminology could cause. A SENCo

exemplified the infantilisation of parents when they described MPW as ‘*Mutual respect for each others’ skill set and experience*’ while ‘*mak[ing] things as easy for the parent as we can*’ (8). Many of the professionals in MPTs, rather than viewing their role as working shoulder to shoulder with the parent to support the child, saw themselves as professionals collaborating to support the child and the family. This is not to suggest that the parent does not need social and emotional support – far from it – but to caution that in infantilising the parent their expert knowledge can be overlooked or underestimated.

Fortunately, this deficit view of parents was balanced by those respondents who viewed their role as enabling the child and family to share what *they* would like to happen and being led by them. Responses referred to timing interventions to meet the requirements of the family (11) and co-constructing support with parents to meet their needs, and ‘*at a family’s pace*’ (15) across both home and school (33). Some statements did present a clear picture of working *alongside* parents for the child. For example, one SENCo described how she, other teachers and teaching assistants worked together with a mother ‘*to increase the child’s time in school so he was supported to succeed and build his resilience over time*’ (24), and a specialist teacher described a successful MPW experience as sharing ‘*a common goal and professionals and parents were willing to share and listen to each other*’ (34). An early years manager was one of the few professionals to include the child within the dynamics of the team, describing her own role as ‘*to work with the child and their family and to engage with the wider professional support available to ensure they get the best outcome possible for them*’ (33). It is worth noting, however, that in the numerous statements made about which professionals had the greater knowledge of the child and so were best positioned to make decisions, the expert knowledge of the parent was not mentioned once.

The absence of the child’s voice within discussions

It is significant that over a quarter of the respondents, when discussing their responsibility in terms of sharing information within the MPT, did not make any connection between this and the well-being of, or aims for, the child or family. There was a tendency, when mentioning the child, to refer to them as a subject of a particular profession to be diagnosed, rather than a holistic child impacted upon by multiple factors within their home and school environments. A lecturer explained that professionals tended to look ‘*at within child factors in relation to their area of expertise only, not the system around the child and how that functions with the advice given*’ (14). Throughout the data there were responses that indicated that the wider care needs of the child were not considered

in the quest for a solution to a specific problem. As an early years manager explained succinctly: ‘*The meeting agendas never really focussed on the families*’ (32).

In total, just 12 of the 54 respondents stated that they prioritised the needs of the child. Comments such as ‘*Putting the children as the top priority*’ (26, teacher), ‘*the child and family must be the focus*’ (early years director, 31) and ‘*the needs of the child being at the centre of the decisions*’ (operational manager, 49) were peppered through these responses. Several respondents placed an emphasis on *knowing* the child, with strong (seemingly competitive) feelings about who, within the MPT, knew the child best. For example, a specialist teacher (33) commented that only those professionals with ‘*good experience of the child*’ were in a position to be proposing actions for them.

What is significant, though, is that out of 41 comments made specifically about the importance of *listening* within MPW, only four respondents specifically referred to listening to the child and two to the parent. Two of the four comments made relating to children were somewhat perfunctory: ‘*allowing the child to have a voice*’ (TA, 1) and ‘*The voice of the child*’ (team leader, unspecified phase, 43). The third was more passionate; this speech and language therapist saw their role as ‘*To fight for the child, ensuring their views are heard, and their needs are met and communicated to others*’ (53). Finally, a secondary school teacher referred to a positive experience where ‘*All professionals listened to the children and identified the danger they were in*’ (26). Although ‘*Most professionals work as a true team for the best interests of the child*’ (speech and language therapist, 53), our data suggest that most of this MPW takes place *around*, rather than *with*, the child.

DISCUSSION

While it is reasonable to assume that those working as part of a MPT are doing so with the greater good of the child and family in mind, our data suggest that some professionals can lose sight of this in meeting the more immediate objectives of their role. Although this might reflect the professional ensuring that they have done the best job that they can, it also echoes what Barker and Harris (2020) refer to as *doing to* the child and family rather than entering into an equal working relationship with them. Although Drew and Gonzalez (2021) note the need for a genuine partnership, involving respectful relationships, to be in place for children and families to benefit from the diverse expertise of a MPT, our sample suggests that unbalanced relationships, where certain voices dominate, still persist. Perhaps this reflects the lack of clarity that is apparent in much existing policy concerning ‘partnerships’, and particularly those with parents (Goodall, 2018). The ephemeral nature of the term ‘parent partnership’, as Solvason and Cliffe (2023)

discuss in some detail, allows for numerous and vastly divergent interpretations in practice.

Our data suggest that many professionals work along the lines of the *involvement* of others, which, by its nature, can be incidental or ad hoc; whereas the concept of partnership is underpinned by more specific values. When one enters into a partnership, it is reasonable to assume that certain a priori factors exist, including the foundation of a strengths-based approach, an awareness of and a minimisation of power imbalances, and a commitment to inclusion; the type of *joint endeavour* described by Andreasson et al. (2013). In actuality, less than one-third of our respondents indicated that the voice or the position of the parent was valued and considered within MPTs. In fact, some of the data reflect a divisive 'them and us' positioning, demonstrating an attitude that Cyr et al. (2022) describe as 'educators know best'. The acknowledgement of the parent as the child's first educator (Vygotsky, 1978) was notable only in its absence from the majority of our responses, leaving MPTs a long distance away from the ideal of co-creating a way forward with the child and family (Barker & Harris, 2020).

Although the intense emotion that can be experienced by parents of children with special educational needs when seeking support has been explored in the literature (Blamires et al., 1997; Orphan, 2004; Solvason & Proctor, 2021), there was very little mention of this aspect of working with children and families in our responses. In fact, apart from the professional who mentioned a lack of effective MPW impacting on the '*mental health of [parents] and their families*' (52), only one other respondent really tackled this issue at all. This was a SENCo (8), who discussed the support that a parent would need to cope with the '*overwhelming stigma*' of her child needing specific equipment, and that '*she needed to feel understood, she needed empathy*' at that time. The general lack of acknowledgement of, and concern for, parents' emotional state in this extremely challenging context is concerning, and highlights a key training need.

Far from a language of parental partnership, or listening to parents as the experts on their children, there was a tendency, when mentioning parents, to pity or even to infantilise them. The recognition of parents having 'issues' or feeling 'overwhelmed' would have been acceptable if the discussion had gone beyond that, to supporting their emotional state in order for them to become active and valued partners. Yet evidence of positive communication dispositions, embodying active listening, open-mindedness and a lack of judgement, was scarce in the data. Instead, the language used with reference to parents was largely negative, holding them in the position of passivity identified by Anastasiou and Pappagianni (2020), Povey et al. (2016) and Goodall (2018). Despite one teacher's suggestion that MPW was about '*professionals and parents [being] willing to share and listen to each other*' (34),

in general parents were present only as being dragged along in the professionals' slipstream; and some distance away from Andreasson et al.'s (2013, p. 421) view of parents 'as experts in their children and as co-managers of the educational process'.

Just as the voice of the child did not feature in the range of literature related to MPW reviewed here, it was also a lesser feature of our data. Our statistic that in 41 comments about 'listening' only four related to the child is a damning one. Although most respondents stated that their role within a MPT was working for the good of the child, most of our respondents failed to recognise the child themselves as the most valuable source of information in their own lives. The fact that the speech and language therapist felt a need to 'fight' for the voice of the child to be heard tells us that this is uncommon practice in MPW, despite the child's rights in this area being recognised on a worldwide scale (UNICEF, 1990). It seems obvious that only by seeing, and listening to, the holistic child, and the family that supports them, can effective support be put in place. Only by developing trust and reciprocity between the professional and the family is it possible to develop the confidence and self-esteem of the parent and the child, and thus to develop the openness required to communicate needs honestly. Only through insights and understandings of their world can effective support be carefully tailored to the needs of the child.

CONCLUSION

It is no surprise that the issue of professional hierarchies has arisen again in this exploration of data, even though the focus of this study was on children and families. In any relationship there is always shuffling involved as individuals take their place in terms of power and influence, establishing who has the most knowledge, who has the right to speak and who should listen. Although it was heartening to see the willingness of individuals to challenge the dominance of particular egos for the best interests of the children in their care, it remains dispiriting that there is a need to 'fight' against arrogance and narrow-mindedness to achieve this. Likewise, it is disheartening that the professionals who view the work of the MPT as a collaborative undertaking *with parents* remain in the minority. The values that strongly emerged through our previous work, where practitioners worked on the principle that 'happy parents equals happy children' and that most problems can be solved through 'holding the needs of the children in mind' (Solvason et al., 2020, pp. 11, 8), was not reflected in this sample. The United Nations Convention on the Rights of the Child (UNICEF, 1990) clearly states that all children have the right to have a say in matters concerning their well-being. Listening to the child should not be an optional and generous 'extra', but central to the work of all MPTs. This

appeared to be far from the reality of the experiences of MPTs expressed in our data, and is perhaps the most troubling aspect of our findings.

Some key issues concerning MPW with children and families arise from this data, which are important to take forward, through the core training of those with a responsibility to support children and families:

- *the need for more effective ways of sharing expertise within MPTs which can circumvent egos and professional hierarchies*, and instead value knowledge and the opportunity to learn more about the child, family, context and particular issue, regardless of the source of that information.
- *the need for all professionals in MPTs to acknowledge the emotional burden that these situations can place upon parents*. A greater understanding of this will prevent them from misreading intense emotions, which may be caused by fear, shame and grief, as apathy, indifference or irrationality. They should also be aware of the more practical barriers that might prevent parental involvement and do their best to reduce these.
- *the need for a more visible valuing of the knowledge of the parent as an expert on the child*, and a professional duty to identify, remove or mitigate barriers to authentic partnership.
- *the need for the voice and viewpoint of the child to be of central importance to all decisions made by MPTs*, in line with the expectations of the UN Convention on the Rights of the Child.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author, CS, upon reasonable request.

ETHICAL APPROVAL STATEMENT

Full ethical clearance was obtained through the University of Wolverhampton.

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